

## CLAIMS ONLY

Application Number 1-6

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	<del>PRIOR FILED</del>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
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50						
Total Indep	1		2			
Total Depend	7		12			
Total Claims	8		14			

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						